2001 CATF Surgeon's Course: Readiness Update

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Readiness

- Readiness is the ability of units to perform as designed
- Unit readiness versus individual readiness
- SORTS measures unit readiness
- Medical is interested in individual readiness

The Strategic View:
How it works

- The President sets the National Security Strategy
- The Chairman of the Joint Chiefs then writes the National Military Strategy
- The Unified CINCs do a threat analysis on their area of the world and prepare Op Plans which address those threats within the context of the National Military Strategy

- The Services then prepare operational units to be ready to meet the requirements of those Op Plans. A summary of Navy Medicine's capabilities is outlined in the **Naval Capabilities and Mobilization Plan(NCMP)**
- Each Naval Unit has a **Requirements of Capability (ROC)** which describes what it's mission is and a **Projected Operating Environment (POE)** which establishes the level of readiness for a particular threat state

- The readiness of each mission area of the ROC is assessed for
  - people
  - training
  - equipment

Evolution of National Military Strategy

- Pre 1990: Cold War-Global Threat
- 1993:Bottom Up Review: 2 Major Theater Wars (MTW)
- 1997 : QDR: 2 MTWs plus MOOTW using the same capability
- 2001:?

1997 JCS Report on Readiness

- 12 Carrier Battle Groups
- 12 Amphibious Ready Groups
- 3 Marine Expeditionary Forces
- 2 TAH
- 10 Fleet Hospitals

The Department of Defense's Bottom-Up Review (BUR) of 1994 based its operational requirements on fielding forces sufficient to win two nearly simultaneous major regional conflicts (MRCs) and to provide for overseas presence. In determining force requirements, SSCs were not considered a separate mission; the BUR assumed they could be handled as lesser cases by forces earmarked for MRCs (now called MTWs), without any negative effect on their capabilities for the primary mission. Since 1989, however, the number of small-scale conflicts, humanitarian emergencies, and other similar

“The primary purpose of the military must change demonstrably and fundamentally—from war fighting to nation building, peacekeeping and humanitarian assistance.”

Gregory D. Foster, the J. Carlton Ward Distinguished Professor and Director of Research at the Industrial College of the Armed Forces

“The mission of the Armed Forces is combat. The military should not be organized or prepared or trained to perform such (non combat) roles. A military force is fundamentally anti-humanitarian: its purpose is to kill people.”

– Harvard Professor Samuel Huntington

Carl Builder and Theodore Karasik argue that balancing conventional war fighting skills with SSC skills creates "two horns of a dilemma." In a future dominated by MRCs the military will have the right kinds of forces but probably not enough of them. Conversely, in a future dominated by SSC missions, the military will have plenty of forces but not necessarily the right type. The MRC "horn" is based on force quantities, whereas the SSC "horn" is based on force qualities.

James R. Ayers,Maj,USAF, 1996

US Marines frustrated by lack of action in Turkey

August 23, 1999
Web posted at: 6:02 PM EDT (2202 GMT)

ABOARD USS KEARSARGE (Reuters) -- The U.S. Marines unit in Turkey likes to think of itself as the world's on-call emergency service, but on Monday they waited and waited, frustrated there were no calls for help.

"It's frustrating. We just want to get in there and do what we can to help," said Corporal Irving Barney, as most of the 2,100 troops from the 26th Marine Expeditionary Unit (MEU), the Marines' first-on-scene unit, waited aboard the helicopter carrier USS Kearsarge

"Initially we thought we would be a hospital ship, but now we don't know," said Captain Gabrielle Chaplin.

A trauma unit which was supposed to join the Marines was told it was no longer needed as it became apparent there were already enough medics in Turkey's seven disaster zones.

Navy doctors frustrated they can't do more

August 23, 1999
Web posted at: 7:18 AM EDT (1118 GMT)

IZMIT, Turkey (AP) -- The U.S. Navy's elite medical unit raced to Turkey just two days after the earthquake, pitched their surgical tents in a dusty football field near the center of this town and waited for the injured to arrive.

In four days, though, only 33 people have been treated, and Capt. Michael Strauss, from Long Beach, Calif., is discouraged.

Two U.S. warships -- USS Kearsarge and USS Gunston Hall -- arrived today in the Sea of Marmara off Izmit. Another vessel based in Norfolk, Va., was on its way. …

The warships are equipped with four operating rooms, 17 intensive care beds and 84 physicians, nurses and other personnel.

But coming nearly a week after the quake, Turkish officials said Kearsarge may not be as needed now. Some local doctors, however, said surgeons were still in demand.

"We work 40 hours and sleep eight hours. We conduct operations without anesthesia as people scream in pain." Dr. Tahsin Altun told Milliyet daily. "Because of lack of operators, young doctors are conducting the operations."

Hart-Rudman Commission

- Major Theater War
- Nuclear Deterrence
- Small Scale Contingencies
- Humanitarian Assistance
- Homeland Defense

THCSRR

Ties force structure of Navy Medicine to wartime requirements

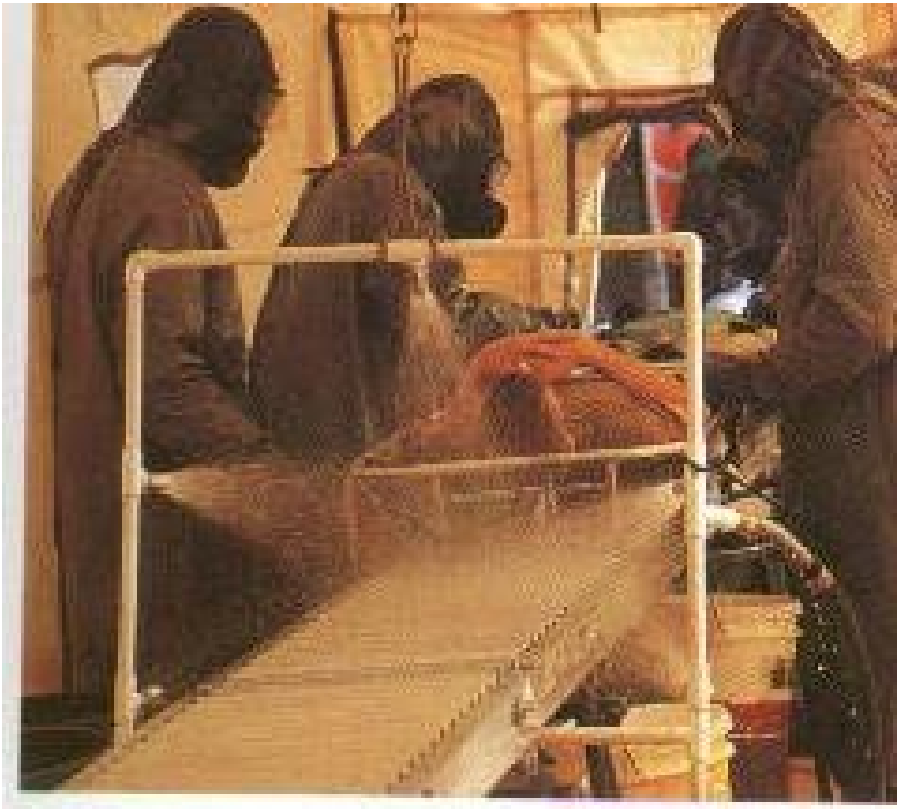
What are the wartime requiremen
and will they change?

If they do, how can we adapt?

WHERE WE ARE

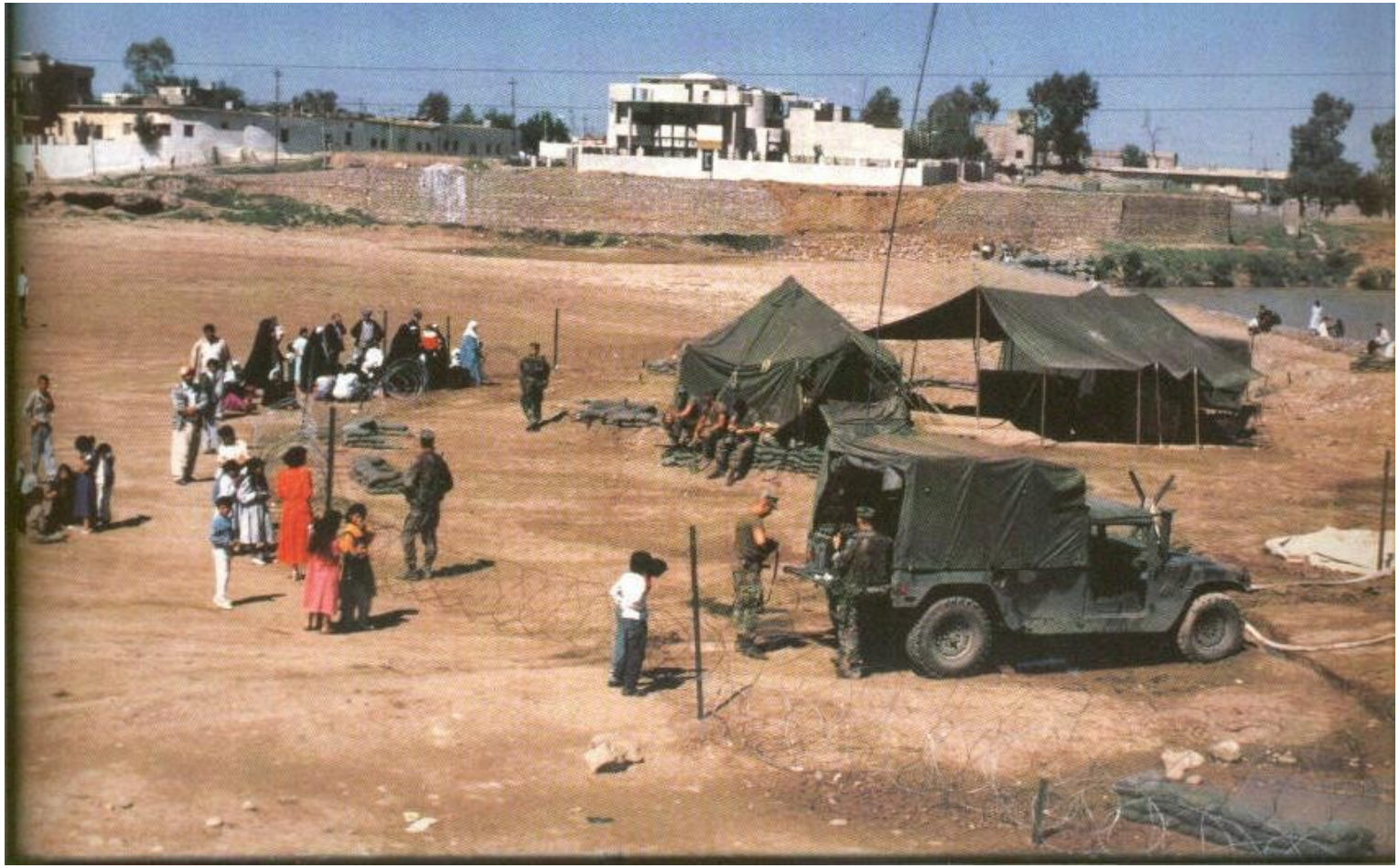
Where We’re Going

URBAN WARRIORS



Casualty Receiving in a Chem/Bio Environment

Non Combatant Evacuation(NEO) Operation

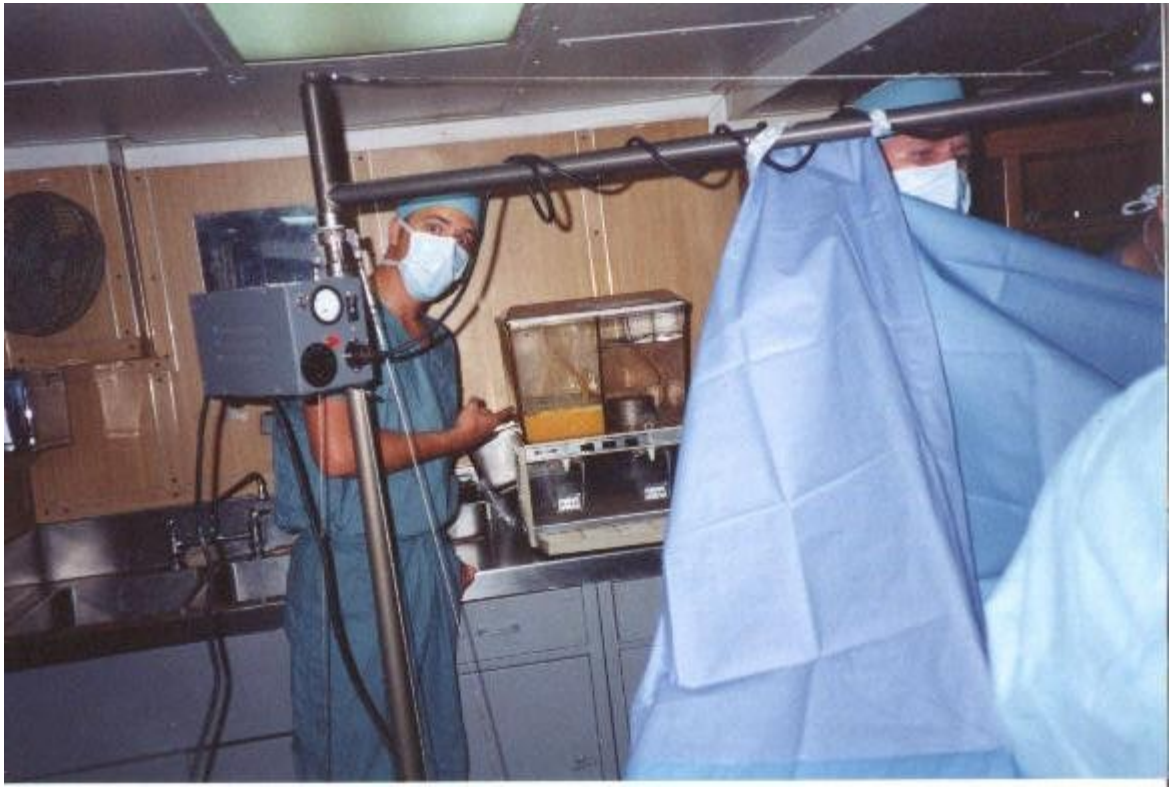


REFUGEE CAMP

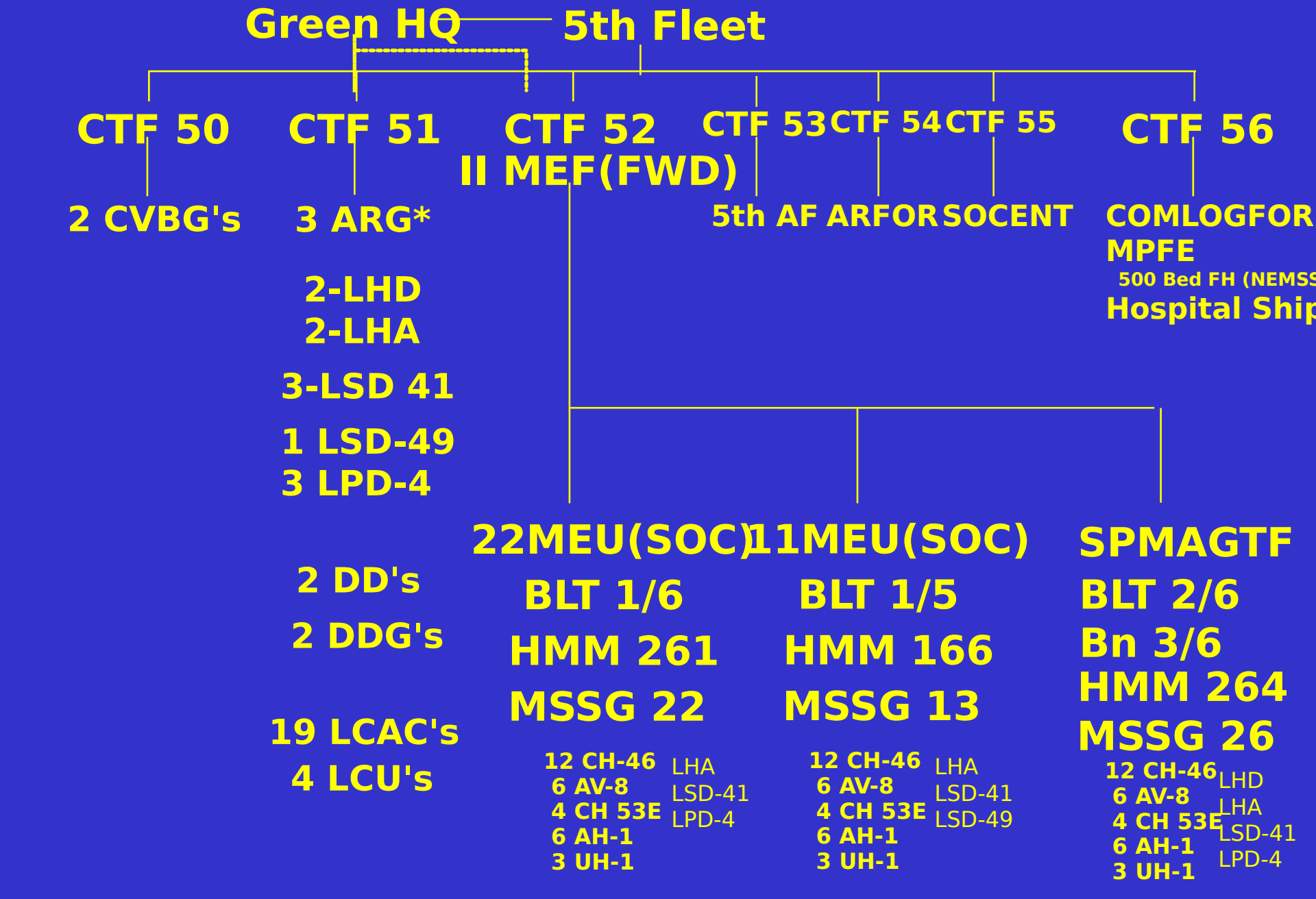
HOMELAND DEFENSE

Small Scale Contingencies

LIBERIA/USS PONCE (LPD 4)

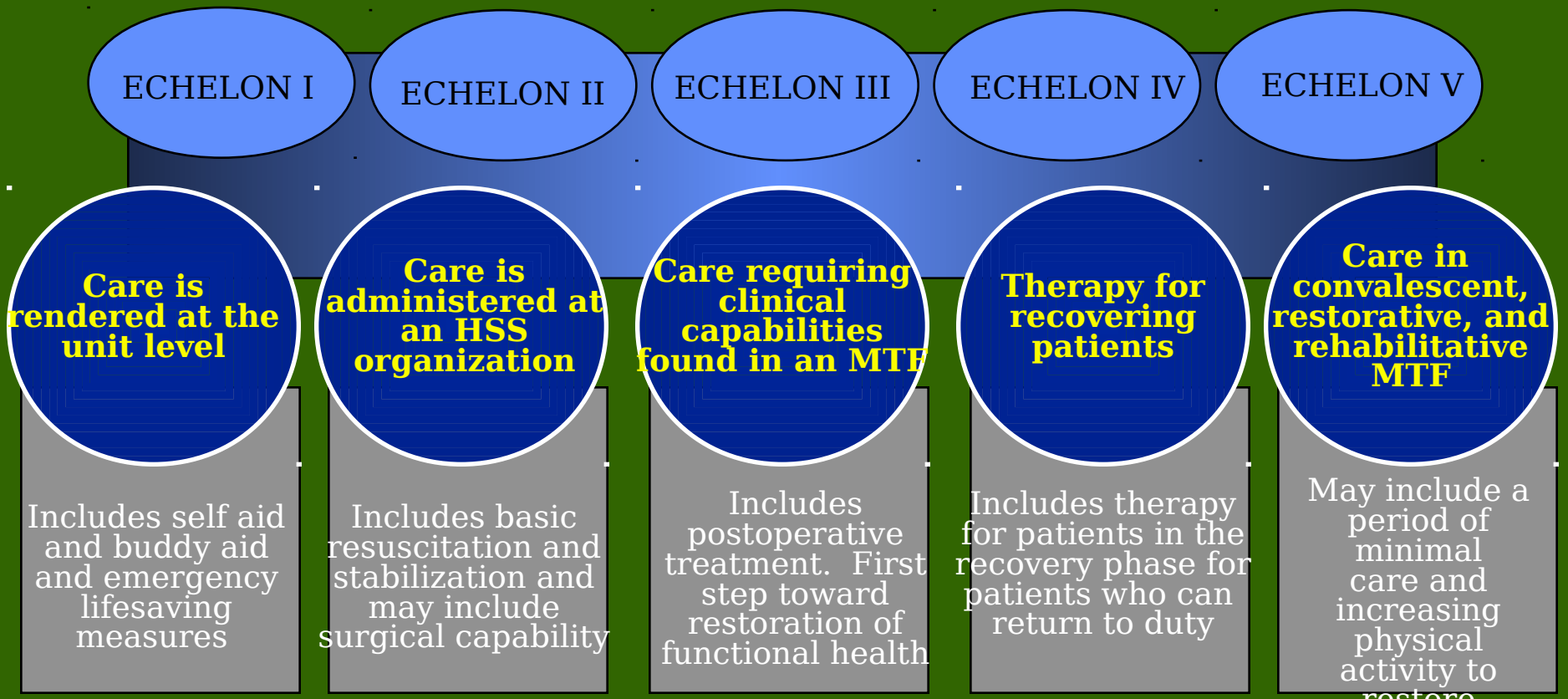


Order of Battle



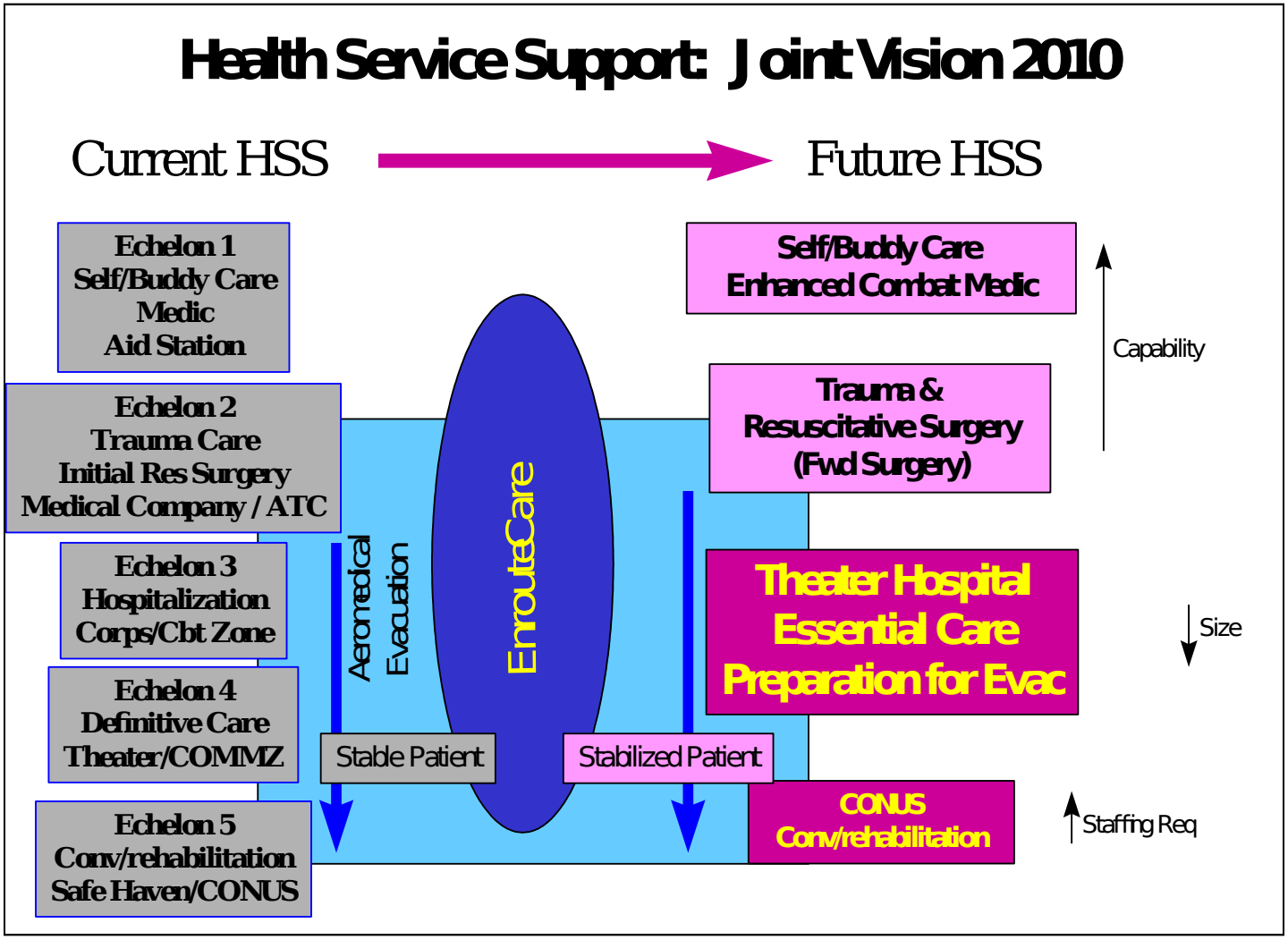
Echelons of Care

Five echelons of care make up the Health Service Support (HSS) sy
extending from the point of wounding, injury, or illness. Each succ
echelon possesses the same treatment capabilities as those echelon
forward and adds a new treatment capability.


ECHELON I
ECHELON II
ECHELON III
ECHELON IV
ECHELON V
Care is rendered at the unit level
Includes self aid and buddy aid and emergency lifesaving measures
Care is administered at an HSS organization
Includes basic resuscitation and stabilization and may include surgical capability
Care requiring clinical capabilities found in an MTF
Includes postoperative treatment. First step toward restoration of functional health
Therapy for recovering patients
Includes therapy for patients in the recovery phase for patients who can return to duty
Care in convalescent, restorative, and rehabilitative MTF
May include a period of minimal care and increasing physical activity to restore
patients to

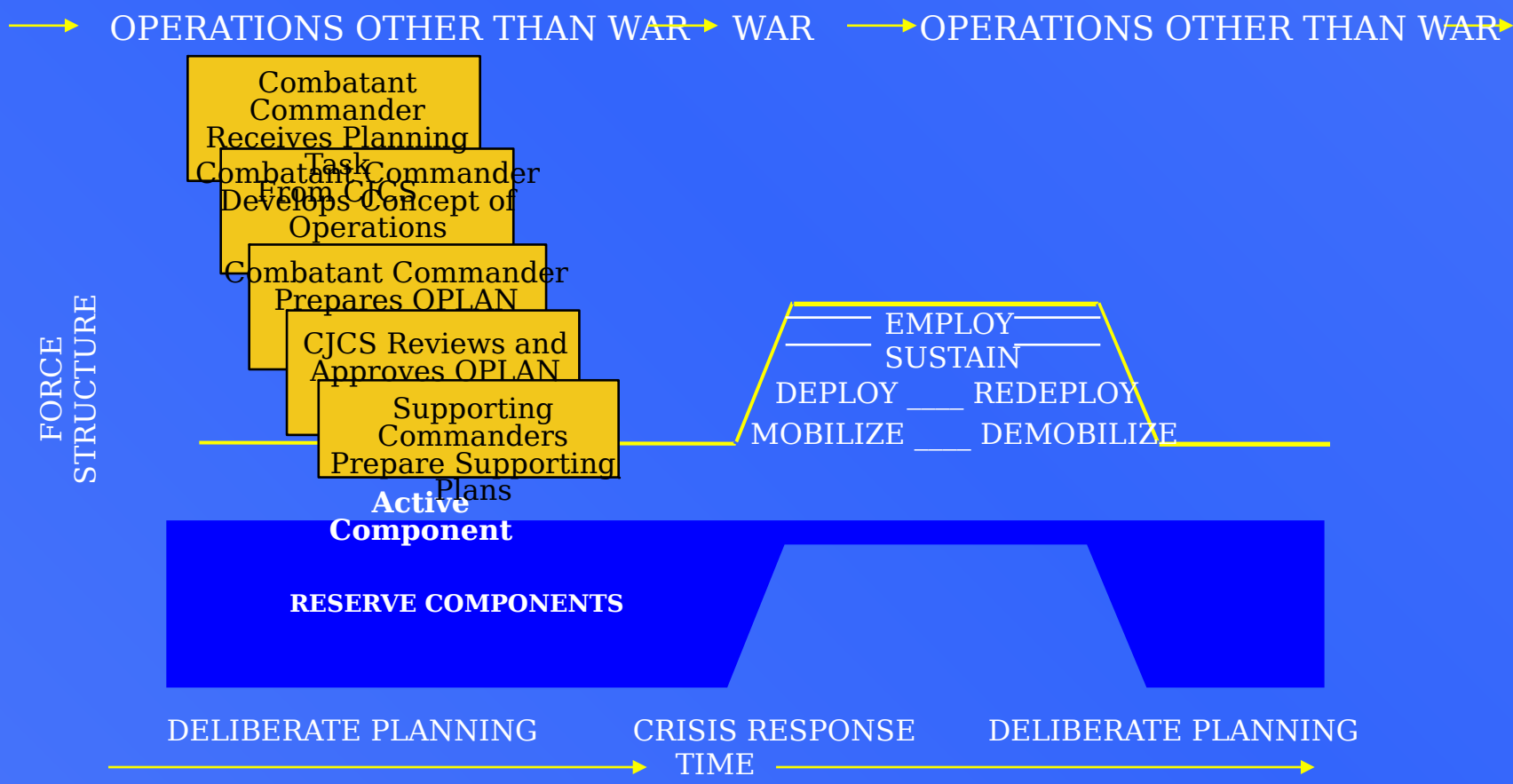
JP 4-02. "DOCTRINE FOR HEALTH SERVICE SUPPORT IN JOINT OPERATIONS"

Evolving JHSS Operational Concepts

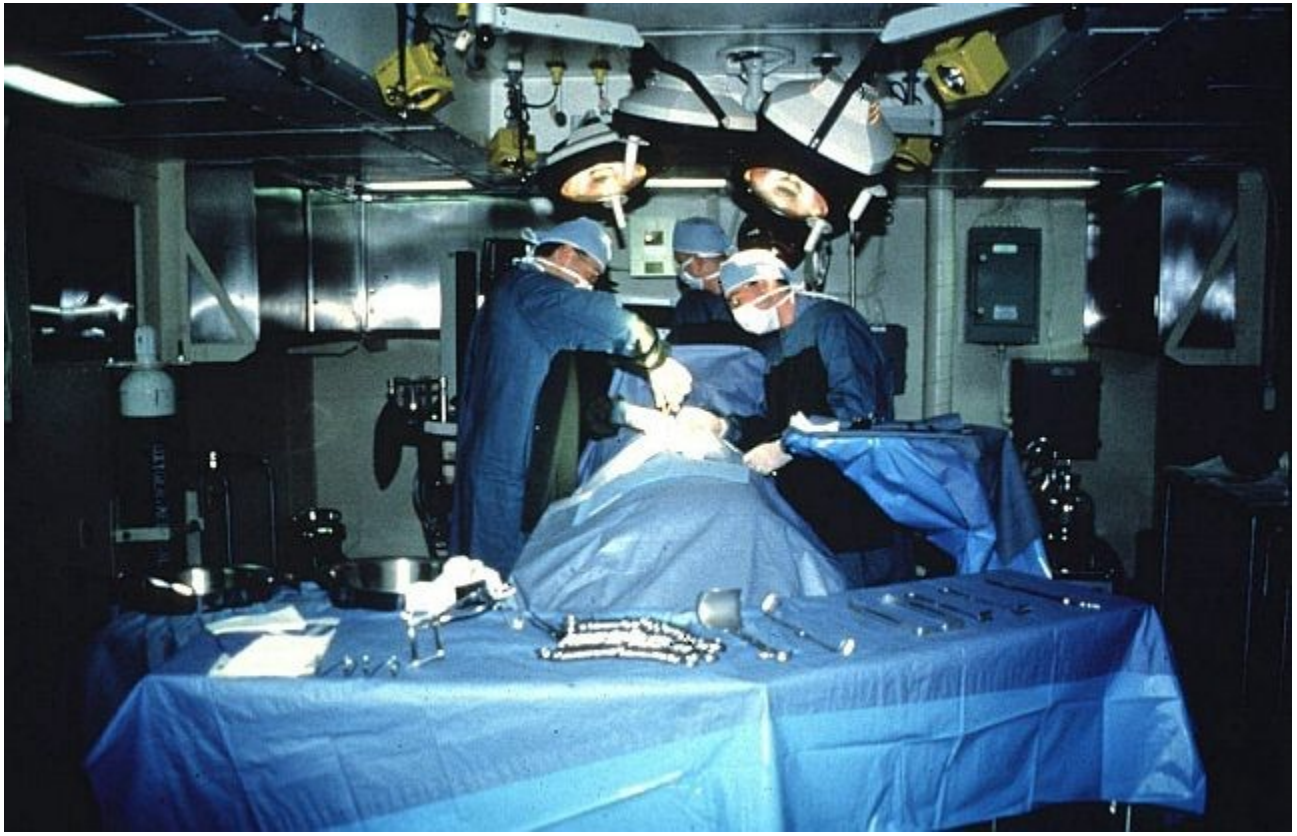


otal Force Policy and Mobilization/Demobilization Cycle

The Total Force Policy is one fundamental premise upon which our militar force structure is built. Total Force Policy focuses awareness and energy sound, thorough mobilization planning and the development of procedur that are essential to the timely activation of reserve military power.



JP 4-05, "JOINT DOCTRINE FOR MOBILIZATION PLANNING"



CRTS IS THE FUTURE OF NAVAL MEDICINE

LPD 17